

DEMAND FOR ARBITRATION

Pursuant to N.H. RSA 357-D

BOARD USE ONLY

DATE REC'D:

FILING FEES - DATES REC'D

CONSUMER

MANUFACTURER

IMPORTANT - See Instructions on Back.

PLEASE PRINT LEGIBLY IN BLACK INK OR TYPE

| | | | | |
|------------------|--|----------|---|--------------------------------|
| SECTION 1 | CONSUMER - NAME | | MANUFACTURER - NAME | |
| | MAILING ADDRESS | | ZONE OFFICE MAILING ADDRESS | |
| | CITY or TOWN | STATE | ZIP CODE | CITY or TOWN |
| | STATE | ZIP CODE | STATE | ZIP CODE |
| SECTION 2 | TELEPHONE NUMBER | | DEALERSHIP NAME | |
| | HOME | WORK | | |
| | VEHICLE DESCRIPTION & INFORMATION | | | |
| | MAKE | MODEL | YEAR | IDENTIFICATION (SERIAL) NUMBER |
| SECTION 3 | PURCHASE (OR LEASE) PRICE | | PURCHASE (OR LEASE) DATE | |
| | LIENHOLDER OR LESSOR NAME | | | |
| | ODOMETER READING AT 1 st REPAIR FOR WARRANTED DEFECT | | TRUCK GROSS VEHICLE WEIGHT | |
| | EXPRESS WARRANTY | | _____ MONTHS _____ MILES | |
| SECTION 4 | I hereby demand a hearing and a <input type="checkbox"/> Refund or <input type="checkbox"/> Replacement Vehicle (choose one remedy only) because I assert the vehicle does not conform to the manufacturer's express warranty. It has the following defects: | | | |
| | | | | |
| | | | | |
| | | | | |
| SECTION 5 | <input type="checkbox"/> The dealer has attempted to repair the defects at least three times on: (Attach copies of all repair orders for the warranted defects). | | MARK EACH SECTION THAT APPLIES | |
| | 1 st _____ MONTH / DAY / YEAR 2 nd _____ MONTH / DAY / YEAR 3 rd _____ MONTH / DAY / YEAR | | <input type="checkbox"/> The vehicle has been out of service for repair of the warranted defects for a total of 30 or more business days. Attach copies of all repair orders. | |
| | The defects substantially impair the vehicle's <input type="checkbox"/> Use, <input type="checkbox"/> Market Value, <input type="checkbox"/> Safety (check all that apply) because: (Explain) | | | |
| | | | | |
| SECTION 6 | I further request manufacturer and/or dealer furnish legible copies of the following documents to me and the Board upon receipt of this Demand: | | | |
| | | | | |

I certify I have mailed a copy of this Demand to the manufacturer on (date) _____ and in doing so hereby elect to proceed under the New Hampshire New Motor Vehicle Arbitration Act instead of manufacturer's dispute settlement mechanism.

SIGNATURE OF CONSUMER

DATE

ATTENTION MANUFACTURER: The Manufacturer's response shall be filed with the Board and consumer no later than five (5) working days prior to hearing.

INSTRUCTIONS

- Section 1** Enter your name, mailing address and home/work telephone number(s). Enter the manufacturer's name and zone office mailing address. The zone office address is available from the New Motor Vehicle Arbitration Board at 603-271-6383.
- Section 2** The gross vehicle weight (GVW) is usually noted on a label affixed to the driver's inner door.
- Section 3** Choose only one remedy (refund OR replacement vehicle) and describe the defects. (You must have had at least 3 repair attempts, under the manufacturer's factory warranty, for the same defect(s) and the condition(s) still exists; OR a cumulative total of 30 or more business days out of service for factory warranted repairs. Repairs performed under service contracts do not qualify.)
- Section 4** Mark each section that applies and complete the information required. Be sure to attach the documentation noted in E below.
- Section 5** Check all that apply and provide reasons.
- Section 6** Enter the names of documents you wish the manufacturer and/or dealer to submit to you and the Board. (Examples of information you are entitled to request include but are not limited to the following: all write-up sheets, drop-off envelopes, invoices, repair orders (fronts and backs), technicians notes, manufacturer's technical service bulletins (TSBs), special service messages (SSMs), technical hotline worksheets, reports, recall campaign notices and similar documents).

IMPORTANT

- A.** The ORIGINAL (white), **together with documentation noted in E below**, is to be mailed to the **New Motor Vehicle Arbitration Board, 10 Hazen Drive, Concord, NH 03305.**
- B.** Mail SECOND (yellow) copy, **together with documentation noted in E below**, to the manufacturer's zone office. Although not required, service by Certified Mail Return Receipt Requested will provide you with proof that the manufacturer received the Demand.
- C.** Retain the THIRD (pink) copy of this form, together with your original documentation, for your records.
- D.** Enclose your check or money order made payable to: "State of New Hampshire DMV" in the amount of \$50.
- E.** To ensure that the new Motor Vehicle Arbitration Board and the manufacturer's zone office have a full record of your claim, be sure you have submitted **legible photocopies** of your purchase invoice (or lease agreement if you leased the vehicle), retail installment contract, manufacturer's express warranty, vehicle registration(s), proof of current insurance, and all work orders, repair orders, receipts or reports on work performed on your vehicle by an authorized dealer on the warranted defect, and any other documents that you will be submitting to support your claim.
- F.** Call 603-271-6383 if you need further assistance.